ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

Hendricks Regional Health

City: Danville   County: Hendricks   Year: **2003**

Provider Type: General Acute

I. Inpatient Care				
Hospital Service Description	**Number of Set Up Beds**	**Number of Discharges**	**Number of Patient Days**	**Average Charge Per Discharge**
Burn Care	0	0	0	$0
Cardiac Intensive	0	0	0	$0
ICU Med/Surg	12	356	2,627	$7,212
ICU Neonatal	0	0	0	$0
ICU Pediatric	0	0	0	$0
Medical/Surgical	83	4,217	17,669	$1,882
Neonatal Intermed	4	48	173	$3,711
Obstetrics	24	1,160	2,834	$1,605
Pediatric	8	73	205	$1,631

Psychiatric	0	0	0	$0
Rehabilitation	10	481	1,776	$1,947
Substance Abuse	0	0	0	$0
Swing Beds	NA	0	0	$0
Other Services	0	0	0	NA
Acute Subtotal	141	6,335	25,284	NA
Normal Newborn	16	875	1,875	$1,268

II. Outpatient Visits			
Circulatory System	8,707	Digestive System	5,367
Endocrine System	12,909	Injuries and Poison	10,861
Mental Disorder	1,729	Musculoskeletal	13,401
Neoplasms	6,576	Nervous	4,090
Respiratory	6,133	Urinary	9,951
Other/Unknown	74,809	Total Visits	154,533
Number of Visits to Emergency Department			29,349
Percent of Emergency Department Visits of Total Visits			19.0%

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

N - Acute Renal Dialysis	N - Alcohol/Drug Service	Y - Anesthesia Services
Y - Blood Bank	N - Burn Care Unit	N - Chiropractic Service
Y - Coronary Care Unit	N - Dental Services	Y - Dietetic Services
Y - Emergency Service	N - Home Care Program	Y - Hospice
Y - Inpatient Surgical Services	Y - Intensive Care Unit	Y - Laboratory(Clinical)
Y - Laboratory(Anatomical)	N - Long Term Care Unit	N - Neonatal Nursery
Y - Nuclear Medicine Services	Y - Obstetrics Services	
Y - Occupational Therapy	N - Open Heart Surgery	Y - Operating Room
N - Optometric Service	N - Organ Bank	N - Organ Transplant
Y - Outpatient Service	Y - Outpatient Surgery Unit	Y - Pediatric Services
Y - Pharmacy	Y - Physical Therapy	Y - Postoperative Recovery
Y - Psychiatric Services	Y - Radiology(Diagnostic)	N - Radiology(Therapeutic)
N - Rehabilitation Services	Y - Respiratory Services	N - Self Care Unit
N - Shock Trauma	Y - Social Services	Y - Speech Pathology

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported

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